

<b>Case Number:</b>	CM13-0030702		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 09/06/2012. The diagnosis is status post right knee arthroscopic surgery with minimal findings on exam. An MRI/arthrogram of the right knee on 08/28/2013 demonstrated no evidence of a meniscal or cruciate ligament tear and noted the knee joint was well distended. The patient has been noted to have the diagnosis of chronic right knee pain status post arthroscopic surgery, including anteromedial synovectomy and chondromalacia patella. An initial physician review noted that there was no evidence of arthritis in this case and that the guidelines do not support an indication for the requested treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Orthovisc injections to the right knee; one (1) injection weekly for three (3) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Knee

**Decision rationale:** The Official Disability Guidelines indicate that hyaluronic acid injections are "Recommended as an option for osteoarthritis...There is insufficient evidence for other conditions, including patellofemoral arthritis." The guidelines do not support the requested Orthovisc injections at this time, given the patient's clinical history and diagnoses. The medical records do not provide an alternate rationale as an exception to these guidelines.

